

☒ Additional names and signatures are attached.

Additional names, addresses and signatures to be attached to Form No. 1000  
Entitled: **DECLARATION AND POWER OF ATTORNEY**

At: Auburn Hills, MI  
this 8 day of December, 2003

Signature: Arthur F. Cawley  
Full Name: **Arthur F. Cawley**  
Residence: **642 Woodland**  
City, State, Zip: **Lake Orion, Michigan 48362**  
Country: **United States of America**  
Citizenship: **United States of America**  
P. O. Address: **Same As Residence**

At: Auburn Hills, MI  
this 15 day of December, 2003

Signature: Kenneth Ritzema  
Full Name: **Kenneth Ritzema**  
Residence: **N/A**  
City, State, Zip: **Clarkston, Michigan 48347-1116**  
Country: **United States of America**  
Citizenship: **United States of America**  
P. O. Address: **P.O. Box 1116**

At: Auburn Hills, MI 48326  
this 16<sup>th</sup> day of December, 2003

Signature: Steven B. Swartzmiller  
Full Name: **Steven B. Swartzmiller**  
Residence: **5680 Golf Pointe Drive**  
City, State, Zip: **Clarkston, Michigan 48348**  
Country: **United States of America**  
Citizenship: **United States of America**  
P. O. Address: **Same As Residence**

At: \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
P. O. Address: \_\_\_\_\_

At: \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
P. O. Address: \_\_\_\_\_

At: \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
P. O. Address: \_\_\_\_\_

At: \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
P. O. Address: \_\_\_\_\_

At: \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
P. O. Address: \_\_\_\_\_